

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 12, 1981

ALL-COUNTY INFORMATION NOTICE I-72-81

TO: ALL-COUNTY WELFARE DIRECTORS

ATTENTION: COUNTY QUALITY CONTROL STAFF

SUBJECT: DEFINITION OF TECHNICAL ERRORS - AFDC

REFERENCE:

The purpose of this letter is to provide a definition and examples of "technical errors" as used in the determination of county error rates in the AFDC Program.

Following are examples of the kinds of technical errors which were deleted in determining "county error rates without technical errors" for the October 1979 - March 1980 review period. The April - September 1980 period was the first in which social security enumeration errors were cited. This type of technical error will also be deleted for the April - September 1980 and later periods.

Definition of Technical Errors

For Quality Control purposes, technical errors are defined as errors occurring in cases where the grant paid to the FBU would have been correct if a required procedure had been completed. The amount of the error which falls into the technical error category may be all error dollars paid to the FBU, or only a portion of the error dollars paid depending on the circumstances causing the error(s). Only those error dollars paid as a result of the non-completion of a required paperwork procedure can be defined as technical error dollars. An error resulting from the client's refusal to cooperate cannot be considered a technical error.

Examples of Technical Errors

1. Deprivation related technical errors:

- (a) Incapacitated parent whose duration of incapacity has expired and who is no longer incapacitated, but who would qualify as an unemployed parent if he/she were registered with WIN or EDD-ES (Element 142).

- (b) Absent parent who returns to the home without notifying the county welfare department, but who would qualify as an unemployed parent if he/she were registered with WIN or EDD-ES (Element 143).
 - (c) Unemployed non-exempt parent not registered with WIN or EDD-ES (Element 144).
2. WIN or EDD-ES Registration related technical errors (Element 150):
- (a) Mother or caretaker relative with child over six who is not registered with WIN;
 - (b) 16/17 year-old not regularly participating in full-time school or training program who is not otherwise exempt and is not registered with WIN;
 - (c) 18/20 year-old not regularly participating in school or a training program at least half-time but less than full-time who is not otherwise exempt and is not WIN or EDD-ES registered;
 - (d) 18/20 year-old not participating in school or a training program at least half-time and not otherwise exempt, but who could be included in the FBU as an essential person if registered with EDD-ES (there must be at least one other federally eligible child in the FBU);
 - (e) An individual who is no longer exempt under temporary illness or injury and is not WIN or EDD-ES registered;
 - (f) A U-parent who is no longer exempt due to incapacity, who is WIN registered but not WIN certified;
 - (g) An individual who is no longer exempt due to remoteness and is not registered with WIN or EDD-ES;
 - (h) An individual who is no longer exempt based on the care of another individual, and is not registered with WIN or EDD-ES;
 - (i) A mother or other female caretaker who is no longer exempt based on the father's WIN registration and is not WIN or EDD-ES registered;
 - (j) An unemployed parent who is WIN registered but is not WIN certified;
 - (k) An individual who is deregistered by WIN or EDD-ES and the county is not notified that the individual has been deregistered.
3. Social Security Number related technical errors (Element 181):
- (a) All enumeration errors except those which result from noncooperation.
4. Essential persons related technical errors (Element 520):
- (a) An individual who is included in the FBU as an essential person, but was not registered with EDD-ES, or has been deregistered by EDD-ES and the county is not notified that the individual has been deregistered.

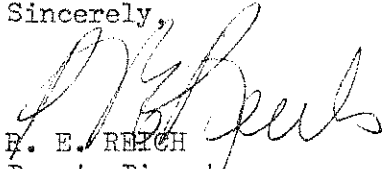
Procedures for Documenting Errors on the QC Review Schedule

County QC must continue to report on the Review Schedule errors discovered in a case review. Since the format of Section R of the QC Review Schedule only allows for the reporting of one payment error amount, Part III - Explanation of Case Errors, must be utilized to fully document all errors discovered during the QC review. The actual determination as to whether all error dollars or a portion of the error dollars reported in Section R are technical errors is the responsibility of the State Quality Control Bureau. This determination can only be based upon the written explanation of the error(s) contained in Part III of the Review Schedule. Therefore, the completeness of the explanation of the error(s) is critical to the technical error determinations.

Examples of appropriately documented errors are attached to assist counties in the error explanations. In Example 1, the amount of the technical error would be \$281 (\$305 - \$24). In the State QC process of deleting technical errors this case would be recoded to reflect a \$24 overpayment.

In Example 2 the entire amount of the overpayment (\$89) would be considered a technical error. In the State QC process of deleting technical errors this case would be recoded to reflect "no error".

Sincerely,



R. E. REICH
Deputy Director
Planning and Review Division

Attachments

cc: CWDA

II. REVIEW SUMMARY

Q. Disposition of case review (check one)

1. ☒ Review completed
 9. ☐ Not reviewed -- listed in error

Review not completed due to --

2. ☐ Moved out of State
 3. ☐ Unwilling to give information
 4. ☐ Unable to locate
 5. ☐ Other (explain)

If code 1 is checked, complete remainder of Section II below. If any other code is checked, no further entries are required on this schedule.

R. Payment and type of error according to State policy:

(a) Payment (enter 4-digit number for each dollar amount)

Total amount: 0305
 Amount in error (if none, enter 0000): 0305

(b) Error information (check one)

Amount correct: 1. ☐
 Overpayment: 2. ☐
 Underpayment: 3. ☐
 Totally ineligible: 4. ☒

If this is an eligible case with a correct amount of payment, no further entries are required on this schedule.

(c) If overpayment, indicate number of -- (if none, enter 0)

Ineligible persons with Federal matching: 58
 Other ineligible persons not included in recipient count for Federal matching: 59

S. Primary error resulting in ineligibility or payment status occurred -- (check one)

Before most recent action: 1. ☐
 At time of most recent action: 2. ☐
 Subsequent to most recent action: 3. ☒

If item 3 is checked enter number of months between occurrence of error and most recent action: 08

T. Is there indication of willful misrepresentation of facts in this case? (check one)

1. ☐ Yes 2. ☒ No 9. ☐ Not applicable

U. Primary error -- element (or sub-element), nature, and type: (see instructions for applicable codes)

Element (or Sub-element): 150
 Nature: 12
 Agency or client type: 20

III. EXPLANATION OF CASE ERRORS

ELEMENTS (1)	NATURE OF ERROR (2)	MANUAL CITATION (3)
150	Only child turned 6 years old on 8/5/80. Agency failed to have mother register with WIN. Error discovered during case review.	42-625
323	\$24 O/P. Secondary error. Client report 26 days worked when she only worked 20 days. This caused transportation expenses to be overstated by \$24. Error discovered at home visit.	44-103.211

EXAMPLE 2

II. REVIEW SUMMARY

Q. Disposition of case review (check one)

1. ☒ Review completed
 9. ☐ Not reviewed - listed in error

Review not completed due to -

2. ☐ Moved out of State
 3. ☐ Unwilling to give information
 4. ☐ Unable to locate
 5. ☐ Other (explain)

If code 1 is checked, complete remainder of Section II below. If any other code is checked, no further entries are required on this schedule.

R. Payment and type of error according to State policy:

(a) Payment (enter 4-digit number for each dollar amount)

Total amount: 0463
 Amount in error (if none, enter 0000): 0089

(b) Error information (check one)

Amount correct: 1. ☐
 Overpayment: 2. ☒
 Underpayment: 3. ☐
 Totally ineligible: 4. ☐

If this is an eligible case with a correct amount of payment, no further entries are required on this schedule.

(c) If overpayment, indicate number of - (if none, enter 0)

Ineligible persons with Federal matching: 1
 Other ineligible persons not included in recipient count for Federal matching: 0

S. Primary error resulting in ineligibility or payment status occurred - (check one)

Before most recent action: 1. ☐
 At time of most recent action: 2. ☐
 Subsequent to most recent action: 3. ☒

If item 3 is checked enter number of months between occurrence of error and most recent action: 03

T. Is there indication of willful misrepresentation of facts in this case? (check one)

1. ☐ Yes 2. ☒ No 9. ☐ Not applicable

U. Primary error - element (or sub-element), nature, and type: (see instructions for applicable codes)

Element (or Sub-element): 181
 Nature: 99
 Agency or client type: 30

III. EXPLANATION OF CASE ERRORS

ELEMENTS (1)	NATURE OF ERROR (2)	MANUAL CITATION (3)
181	<p>Reinvestigation was completed in 9/80. Client told to apply for a Social Security Number for her youngest child. Client had not applied as of the review date. Agency did not contact the client 90 days after the reinvestigation to see if client had complied with request.</p> <p>Error discovered at home visit.</p>	<p>40-105.2</p> <p>H.V.</p>

RELEASE OF INFORMATION -
FINANCIAL INSTITUTION

For use when requesting information from a
Financial Institution.

COUNTRY USE ONLY	
WORKER NAME	
CASE NAME	
CASE NUMBER	DATE
Applicant/Recipient has been notified of receipt of financial records within 30 days	
WORKER SIGNATURE	DATE

The Social Security Number(s) (SSN) of all public
assistance applicants or recipients is needed to
help in identifying the account(s) of person(s) on
the account(s). Providing the SSN is a condition
of eligibility. Your failure to cooperate may
result in denial or discontinuance of aid. Authority:
Section 402(A)(25) of the Social Security Act
(AFDC), California Administrative Code Title 22
Section 50187 (Medi-Cal), and Section 205(C)(2)
(C)(i) of the Social Security Act (AFSB).

Enter name and address of institution

I authorize you to release to the _____ County Welfare Department information on the account(s) below
and other information required for the purpose of determining my eligibility for public assistance. I understand I have the
right to revoke this authorization at any time, but that failure to cooperate may affect my eligibility. This authorization is
valid for 45 days from date signed.

I. APPLICANT OR RECIPIENT: Complete the information below for each account. Accounts include checking,
savings, credit union accounts, trust funds, stocks, bonds, certificates, other (specify)

(A) TYPE OF ACCOUNT	ACCOUNT NUMBER	(B) TYPE OF ACCOUNT	ACCOUNT NUMBER
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NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER
ADDRESS (PRINT) NUMBER, STREET, CITY, STATE, ZIP CODE		ADDRESS (PRINT) NUMBER, STREET, CITY, STATE, ZIP CODE	

SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT	DATE	SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT	DATE
SIGNATURE OF WITNESS TO MARK(S)		SIGNATURE OF WITNESS TO MARK(S)	
DATE		DATE	

SIGNATURE (OR MARK) OF SPOUSE	DATE	SIGNATURE (OR MARK) OF SPOUSE	DATE
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ACCOUNT IS JOINT WITH (PRINT NAME)	SOCIAL SECURITY NUMBER	ACCOUNT IS JOINT WITH (PRINT NAME)	SOCIAL SECURITY NUMBER
ADDRESS (PRINT) NUMBER, STREET, CITY, STATE, ZIP CODE		ADDRESS (PRINT) NUMBER, STREET, CITY, STATE, ZIP CODE	

SIGNATURE (OR MARK) OF JOINT PERSON	DATE	SIGNATURE (OR MARK) OF JOINT PERSON	DATE
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II. ELIGIBILITY WORKER: Check information items needed for type of account indicated.
(Please answer for each of the authorizations on this form).

Information Items	Account	Date if Applicable	Account	Date if Applicable
Balance as of				
Present balance				
Opening Deposit (if within past 2 years)				
Largest Deposit (other than opening)				
Largest Withdrawal (within past 2 years)				
If closed within past 2 years, final withdrawal amount				
Largest balance (within past 2 years)				
If additional space is needed use reverse side				

Balance as of				
Present balance				
Opening Deposit (if within past 2 years)				
Largest Deposit (other than opening)				
Largest Withdrawal (within past 2 years)				
If closed within past 2 years, final withdrawal amount				
Largest balance (within past 2 years)				
If additional space is needed use reverse side				

SIGNATURE OF PERSON PROVIDING INFORMATION	DATE	TELEPHONE NUMBER
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TEMP CA 60 (2/81)

COUNTY USE ONLY

The county welfare department has examined your financial records provided to us by the
following institution

Enter name and address of applicant/recipient

- ☐ Thank you for your cooperation. No further action is required.
- ☐ Please call me for an appointment.
- ☐ You are scheduled for an appointment with me on _____